Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	MULTI-LOCK ADAPTERS FOR INDEPENDENT SCREWED WELLHEADS AND METHODS OF USING SAME		
As the below named inventor(s), I/we declare that:			
This declaration is o	lirected to:		
	The attached application, or		
	Application No, filed on,		
	as amended on(if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
V.	and understand the contents of the above-identified application, including the claims, as nendment specifically referred to above;		
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAME OF IN	VENTOR(S)		
Inventor one: Bo	b McGUIRE		
Signature:	Sit Me Decice Citizen of: United States		
Inventor two: L.	Murray DALLAS		
Signature:	Citizen of: Canada		
Inventor three:			
Signature:	Citizen of:		
Inventor four:			
Signature:	Citizen of:		

Additional inventors are being named on _____ ___additional form(s) attached hereto. Burdon Hour Statement: This collection of Information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	MULTI-LOCK ADAPTERS FOR INDEPENDENT SCREWED WELLHEADS AND METHODS OF USING SAME			
As the below named inventor(s), I/we declare that:				
This declaration is o	This declaration is directed to:			
	The attached application, or			
	Application No.	, filed on,		
	as amended on	(if applicable);		
	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
	d and understand the contents of the above, nendment specifically referred to above,	pove-identified application, including the claims, as		
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FULL NAME OF IN	VENTOR(S)			
Inventor one: Bo	b McGUIRE			
Signature:		Citizen of: United States		
Inventor two: L.	Murray DALLAS			
Signature:	injury belle	Citizen of:Canada		
Inventor three:	-()			
Signature: _		Citizen of:		
Inventor four:	~			
Signature: _		Citizen of:		

_additional form(s) attached hereto. Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO but daily the discontinuous section of the individual case. Any comments on the amount of time you are required to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Additional inventors are being named on

Please	type a	plus s	ian (+)	inside	this	box

Approved for use through 10/31/2002, OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no porsons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bob McGUIRE
Title	MULTI-LOCK ADAPTERS FOR INDEPENDENT SCREWED WELLHEADS AND METHODS OF USING SAME
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:			
Practitioners at Customer Number 27530 OR Practitioner(s) named below: Place Customer Number Bar Code Label here			
	Name	Registration Number	
	or agent(s) to prosecute the application id States Patent and Trademark Office con		
	respondence address for the above-ident	ified application to:	
The above-mention OR	ned Customer Number,	Place Customer	
Practitioners at Cu	Istomer Number	Number Bar Code	
OR		Label here	
Firm or Individual Name			
Address	P.O. Box 11070		
Address			
City		State S. Carolina Zip 29211	
Country	United States of America		
Telephone	803-799-2000	Fax 803-256-7500	
I am the:			
Applicant/Inven	itor.		
Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record			
A.1.			
Name Bob I	McGUIRE	L. Murray DALLAS	
Signature 75 - Nic Suice			
	6.25-03		
NOTE: Signatures of all the inve forms if more than one signature	3	or their representative(s) are required. Submit multiple	
	orms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bob McGUIRE
Title	MULTI-LOCK ADAPTERS FOR INDEPENDENT SCREWED WELLHEADS AND METHODS OF USING SAME
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appo	int:			
OR	ners at Customer Number er(s) named below:	27530	Place Customer Number Bar Code Label here	
	Name		Registration Number	
	ney(s) or agent(s) to prosect United States Patent and Ti		dentified above, and to transact all nnected therewith.	
☐ The above- OR	the correspondence address mentioned Customer Numb		Place Customer Number Bar Code Label here	
Firm or Individual Na	ne NELSON, MULI	NELSON, MULLINS, RILEY & SCARBOROUGH, L.L.P.		
Address	P.O. Box 11070			
Address				
City	Columbia		State S. Carolina Zip 29211	
Country	United States of A	America		
Telephone	803-799-2000		Fax 803-256-7500	
Assigned	t/Inventor. e of record of the entire inter nt under 37 CFR 3.73(b) is			
	SIGNATURE of	Applicant or Assign	nee of Record	
Name	Bob McGUIRE		L. Murray DALLAS	
Signature			I when Dallos	
Date				
	the inventors or assignees of recosignature is required, see below*.	ord of the entire interest	or their representative(s) are required. Submit multiple	
■ *Total of1	forms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.